World Bank Group Directive

Staff Rule 6.07 - Health Program and Services

Bank Access to Information Policy Designation
Public

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Content
Staff Rule 6.07, Medical Evacuation, has been revised to reflect the new assignment types in the Global Mobility Support Framework.

Applicable to
IBRD, IDA, IFC, MIGA, ICSID

Issuer
President, IBRD/IDA, IFC and MIGA, EXC

Sponsor
Director, HSDDR
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Sponsor
Director, Health and Safety Directorate, HSDDR
SECTION I - PURPOSE AND APPLICATION

01. Subject, Applicability and Policy Rationale

Subject

1.01 This Rule sets forth provisions governing the health program and services of the Bank Group. Confidentiality of medical records is governed by the provisions of Rule 2.02, "Confidentiality of Medical Information and Records."

Applicability

1.02 This Rule applies to all staff members assigned at Headquarters and in country offices, except where otherwise specified.

Policy Rationale

1.03 The mission of the Health Services Department (HSD) is to promote a safe work environment and good health for staff and immediate families of the World Bank Group. It includes providing advice to the Bank Group on health-related matters. HSD's mission applies to all World Bank Group offices worldwide.

1.04 To achieve its mission, HSD offers a variety of occupational, clinical and educational health services. Respect for medical ethics, in particular confidentiality, is the fundamental value of HSD and its staff.

SECTION II - DEFINITIONS

1.05 The following definitions apply to this Directive:

a. Medical Condition represents an acute or chronic disease state that may require special care, treatment, or accommodations for the staff member in order for them to successfully discharge the duties of their position.

b. Medical Clearance the process through which a medical healthcare provider determines the relative safety of assigning certain duties or duty locations to a staff member based upon their state of health at the time that a duty or duty location assignment is contemplated.

c. Safety Hazard permanent or temporary environmental condition(s) or lack thereof that place an individual at elevated risks; for the purposes of this directive, these Safety Hazards impact staff members to a greater or lesser extent based on their current medical condition.

d. Public Health Emergency (PHE) refers to the presence of a condition, potential disease causing agent, or lack of sufficient health resources to respond to urgent or emergent health concerns. PHEs are typically declared by local, national, or international public health authorities depending on the scope of the problem on a scale from local to global in nature.

e. Travel Restriction is the limiting of movement of individuals in and out of a certain area or region for reasons pertaining to the presence of an active PHE in such identified locales.

SECTION III - SCOPE

02. Health Services

Eligibility

2.01 The health services listed in this section are available to all staff members who are at headquarters at the time the services are to be provided. Where specified, health services are also available to members of the immediate family.

Treatment of Minor Illness
2.02 Clinical Services staff in the HSD Health Unit may provide treatment to staff members for minor illnesses as a short-term measure. The services provided are not a substitute for the care staff members receive from their Primary Care Physician. Clinical services staff may refer the staff member to an outside provider for treatment.

**Inoculation and Preventive Medications**

2.03 The HSD Health Unit based at headquarters may provide recommended inoculations and medications, at no personal cost to staff members based at headquarters when they engage in operational travel or when they relocate due to change of duty station; and to spouses and domestic partners based at headquarters when they travel under Staff Rule 6.16. When these services are obtained outside the HSD Health Unit, expenses should be submitted directly to the insurance plan for payment according to its coverage parameters.

2.04 Staff members who are not based at headquarters must independently obtain appropriate inoculations and medications for operational travel or relocation due to change of duty station and submit the related expenses directly to their health insurance programs for reimbursement/payment according to their health insurance coverage parameters.

**Screening Program**

2.05 To prevent severe chronic medical conditions, health screening programs tailored to meet the specific needs of staff members may be offered by the HSD Health Unit. These screening programs will be based on health risk appraisal questionnaires and may include blood testing. Staff members holding Regular, Open-Ended, Term, Extended Term Consultant or Extended Term Temporary Appointments may be eligible for the screening programs.

**Counseling Service**

2.06 Staff of the Personal & Work Stress Counseling Unit may provide counseling, consultation, and education on stress-related and psychological issues to all staff members. The Counseling Unit staff shall determine whether on-site counseling is appropriate or whether referral to an outside professional for treatment is indicated. Information provided to the Personal & Work Stress Counseling Unit shall be subject to the provisions of Rule 2.02, "Confidentiality of Medical Information and Records."

**03. Health Assessments**

**Pre-employment**

3.01 HSD will require the medical examination of applicants who report the presence of a Medical Condition that may affect their job performance and therefore require special adaptive measures. HSD may also require Medical Clearance for individuals selected for jobs that expose incumbents to unanticipated Safety Hazards.

**Assignment to duty station involving relocation**

3.02 Headquarters staff assigned to country offices, staff moving from one country office to another, and new international hires assigned to relocate to a country office must be medically cleared. Such clearance is also required for all accompanying dependents. Medical Clearance is based on a self-reported health assessment questionnaire completed by each adult relocating. Children under age 18 need only a statement of health from their physician. If additional information or examinations are required following review by HSD, the studies may be performed by the HSD Health Unit when possible. If the specified studies are performed elsewhere, expenses shall be reimbursed by HSD up to a maximum of $500 USD upon presentation of applicable receipts and evidence of payment. HSD shall provide the Human Resources unit initiating the request with the Medical Clearance on the applicant's suitability for employment in the proposed country office.

**Fitness for Duty Assessments**

3.03 See below:

a. Fitness for duty assessments may be requested when performance problems are believed to be
health-related or when a staff member has been on sick leave for periods that are extended and/or recurring. A fitness for duty assessment will determine the presence and extent of any health-related impairment to perform assigned duties. Fitness for duty assessments are conducted by HSD at the request of a staff member's manager or the Director, Health Services Department. As part of the fitness for duty assessment, HSD may request that an external physician conduct a health assessment of the staff member involved. If requested by a manager, a request for a fitness for duty assessment must be made in writing to the Director, Health Services Department, or a physician designated by him, stating the performance problems clearly, and describing the requirements of the position held by the staff member involved. The manager shall copy the staff member and the Manager, Human Resources Team.

b. The outcome of the Fitness for Duty Assessment shall be provided by the Director, Health Services Department or a Health Services Physician, to the requesting manager, the staff member and the Manager, Human Resources Team.

c. If the staff member is found to be unfit to work on a sustained basis at the level required by the position, the Director, Health Services Department or a Health Services Physician, the staff member's manager, and the Manager, Human Resources Team, will meet to decide what the next steps should be. These decisions will be conveyed to the staff member by the manager.

d. If a staff member refuses to cooperate with a fitness for duty assessment, the staff member's manager shall handle any performance problems in accordance with Staff Rule 5.03 "Performance Management Process".

Certification of Illness

3.04 Staff members who are absent because of illness are required to comply with the requirements of Rule 6.06, "Leave," Section 3 relating to certification of illness.

Travel to a country in which a Public Health Emergency has been declared

3.05 Medical Clearance will be required for staff traveling to a country dealing with a Public Health Emergency as declared by reputable international health organizations, including without limitation, the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and/or the European Centre for Disease Prevention and Control (ECDC). At such times, particularly if Travel Restrictions are posted by these organizations, some personal Medical Conditions could place a prospective traveler at significantly higher risk than usual in the country in question. Depending on the nature of the Public Health Emergency, after the traveler has been medically cleared, a pre-departure briefing and post travel monitoring may also be required.

04. Medical Evacuation

Eligibility

4.01 To ensure adequate medical treatment in the event of acute/severe/life threatening illness, injury, or an existing Medical Condition when appropriate treatment is not available locally, the World Bank Group may evacuate Staff and registered dependents who are resident overseas or traveling on official World Bank Group business, to the closest location where appropriate medical treatment can be provided based on the authorization of HSDDR. Persons who may be evacuated at World Bank Group expense include the following:

a. Staff Members holding Regular, Local Staff Regular, Open-Ended, Term, Extended Term Consultant, or Extended Term Temporary appointments in duty stations outside the United States, Australia, New Zealand, Japan, and Western Europe, and members of their Immediate Families. (The term "Western Europe" means Andorra, Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, and the United Kingdom).
4.04 Authorization for emergency evacuation will ordinarily be provided only for the patient, based on the recommendation of a local physician and, if possible, in consultation with HSD. In special circumstances, the authorization for emergency evacuation may allow for the patient to be accompanied by a physician, nurse, or immediate family member. Accompanied travel is authorized for psychiatric cases, for children up to 18 years of age, and when clinically essential for decision making during the acute phase of an illness. The cost of travel and subsistence will be borne by the unit to which the staff member is administratively assigned, or the department which initiated the request for operational travel, unless there are other arrangements in place for that unit or department.

4.05 In non-emergency situations, when appropriate medical facilities are not available at the duty station, care out of the country may be authorized by HSD for persons described in paragraph 4.01, above, who suffer from chronic conditions with the potential for life-threatening outcomes and complications such as the following:

- Cancers
- Complications of diabetes mellitus
- Chronic cardiovascular diseases
- Chronic pulmonary diseases
- Chronic kidney diseases
- Chronic liver diseases
- HIV/AIDS
- Organ and bone marrow transplants
- Severe psychological disorders

4.06 Other chronic conditions are generally not considered for medical evacuation. However, each request for medical evacuation is reviewed individually and HSD may authorize a medical evacuation for a condition not listed in paragraph 4.05, above, should this condition have the potential for severe complications.

4.07 Care out of the country may be authorized by HSD to the closest regional location where appropriate care can be provided, within the course of official mission travel, special overseas travel, or home country
travel. If such travel is not reasonably imminent, HSD may authorize a non-emergency medical evacuation to the closest location where appropriate medical facilities are available.

4.08 Following evacuations, staff members are expected to identify and access health care providers in their country of residence for routine follow up consultations. Evacuation for follow up consultations will be authorized only under exceptional circumstances.

**Travel**

4.09 The class of travel applicable to medical evacuations shall be economy class, unless some other class or form of travel is recommended by a Health Services Physician. The cost of travel will be borne by the unit to which the staff member is administratively assigned, or the department that initiated the request for operational travel, unless there are other arrangements in place for that unit or department. Medical evacuation expenses should not be funded from a trust fund, unless the donor has expressly authorized the evacuation expense.

**Subsistence**

4.10 Subsistence is reimbursable on the basis of actual costs up to the maximum provided for the evacuation destination in accordance with the World Bank Group's MTV Per Diem Rates and Hotel Standards. Subsistence during medical evacuation travel is not reimbursable at the per diem rate. No subsistence shall be payable to an evacuee while hospitalized except for the days of admission and discharge. Actual costs for subsistence for the evacuee while not hospitalized, and for those authorized by the HSD to accompany the evacuee, will be borne by the unit to which the staff member is administratively assigned, or the department that initiated the request for operational travel, unless there are other arrangements in place for that unit or department. Medical evacuation expenses should not be funded from a trust fund, unless the donor has expressly authorized the evacuation expense.

**Medical Expenses**

4.11 All medical expenses, including hospital charges, doctor/surgeon fees, and laboratory tests should be submitted directly by the staff member to his/her medical insurance plan for reimbursement according to the current provisions of the plan. Any costs not covered by such insurance are the responsibility of the staff member.

**Initiating a Request for Medical Evacuation**

4.12 Staff initiating requests for emergency medical evacuation should contact World Bank Security at 202-458-8888 and request the "Medical Duty Officer".

**05. Occupational Safety and Health**

**Workplace Safety**

5.01 The Director, Health Services Department, shall establish such programs for monitoring and assuring the safety of the Bank Group workplace and staff as are consistent with established occupational health practice. These programs shall include, but not be limited to:

- a. Monitoring Bank Group facilities and working conditions for hazards to staff in the areas of safety, ergonomics and epidemiology, with recommendations for preventive or corrective actions as needed.
- b. Fitness for duty assessments as warranted for those staff exposed to hazardous substances or working conditions, or whose duties affect the safety of others.
- c. Regular medical screening, at Bank Group expense, for staff potentially exposed to safety and occupational health hazards as determined by HSD.

The Country Director/Manager, if possible, shall consult with the Director, Health Services Department, in situations relating to public health emergencies or environmental issues, to determine appropriate steps to protect the health and safety of staff.

**06. Medical Travel for Childbirth**
Applicability

6.01 This section applies to staff members holding Regular, Open-Ended or Term appointments to positions posted on Temporary Assignments, per Staff Rule 6.17.

6.02 The Bank Group will provide travel, hotel and subsistence to a staff member described in paragraph 6.01, above, or to the staff member's spouse or domestic partner. Benefits under this Section of this Rule are payable only for the expectant mother.

6.03 To deliver a baby, the expectant mother may travel within the four weeks immediately preceding the anticipated date of delivery, subject to the regulations defined by transportation carriers for travel of expectant mothers. The expectant mother may travel to any destination to deliver a baby, limited to the cost of travel between the staff member's duty station and Washington, DC. The expectant mother will also be eligible for up to ten weeks of hotel and subsistence.

6.04 To undergo genetic testing when medically indicated, the expectant mother may travel to the nearest, authorized regional destination where such testing is available. The expectant mother will also be eligible for up to one week of hotel and subsistence. This benefit may not be used for routine, non-invasive genetic testing, nor for periodic obstetrical visits, all of which must be undertaken at the duty station.

Travel, Hotel & Subsistence

6.05 Travel will be provided only for the mother by the most direct and cost-effective route, cost limited as defined above in paragraphs 6.03 and 6.04, per the following:

   a. Full economy class air; or
   b. First class rail or bus where no air travel facilities are available for all or a portion of the relocation travel; or
   c. Reimbursement for mileage for travel by private or rental automobile in accordance with AMS 3.10.

6.06 Hotel and subsistence costs will be paid only for the mother, in accordance with the Bank Group's MTV Per Diem Rates and Hotel Standards, cost limited to the rates defined for Washington, DC. If the mother travels to a destination which has lower rates than Washington, DC, payments will be based on the lower rates. Hotel and subsistence payments will also be subject to the following limitations:

   a. Hotel and subsistence costs will not be payable during the dates of a hospital stay that are covered by applicable medical insurance. Staff will be expected to report hospitalization dates when presenting claims.
   b. Hotel and subsistence costs will not be payable during any dates that the mother stays in accommodations that she owns or that are owned by the staff member, or during any dates that the mother stays in the home of friends or relatives.

SECTION IV - EXCEPTION

Exceptions to Provisions that relate to various components of the Health Assessments process as described in Section III may be approved with written concurrence from a Vice President or equivalent level officer of the World Bank Group, or an officer of a higher level. The exception must be approved by the World Bank Group Human Resources Vice President, HRDVP.

SECTION V - WAIVER

Waiver of any Provision of this Directive requires approval of the Director, Health Services Department, HRDHS.
SECTION VI - OTHER PROVISIONS

N/A

SECTION VII - TEMPORARY PROVISIONS

N/A

SECTION VIII - EFFECTIVE DATE

SECTION IX - ISSUER

President, IBRD/IDA, IFC and MIGA, ExC

SECTION X - SPONSOR

Director, Health and Safety Directorate, HSDDR